



# CDC Advisory Committee to the Director (ACD) Health Disparities Subcommittee (HDS)

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*Minutes from the May 23, 2018 Meeting*

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## Advisory Committee to the Director Health Disparities Subcommittee: Record of the May 23, 2018 Meeting

The Centers for Disease Control and Prevention (CDC) convened a meeting of the Health Disparities Subcommittee (HDS) of its Advisory Committee to the Director (ACD) on May 23, 2018 via teleconference. The agenda included updates from the Office of Minority Health and Health Equity (OMHHE); an overview of the Health Equity Leadership Network (HELN); and a public comment period.

### Call to Order / Roll Call / Introduction of New Members

Leandris Liburd, PhD, MPH (Director, Office of Minority Health and Health Equity (OMHHE), Associate Director for Minority Health and Health Equity, Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR); Designated Federal Officer (DFO), Health Disparities Subcommittee (HDS), called the meeting to order at 11:00 AM on Wednesday, May 23, 2018. A quorum of HDS Subcommittee members was present via telephone and was maintained throughout the duration of the meeting.

Lynne Richardson, MD, FACEP (Chair, HDS Subcommittee) welcomed the group, and indicated that Dr. Liburd would introduce new members. A participant list is appended to this document as Attachment #1. Acronyms used in this document are appended as Attachment #2.

Dr. Liburd thanked the members who will be rotating off of the HDS at the end of June 2018 for their service. She presented a brief introduction for each of the following new members and invited them to provide any additional information they wished to share:

- ❑ Dr. Francine Grodstein is a Professor of Medicine at the Brigham and Women's Hospital (BWH) at the Harvard Medical School (HMS). Dr. Grodstein received a Doctorate in Epidemiology in 1992 from Harvard School of Public Health (HSPH). She is a Professor of Medicine at BWH and a Professor of Epidemiology at the Harvard TH Chan School of Public Health. She is Director of Research for the Nurses' Health Study (NHS), which is one of the largest studies of women's health. OMHHE invited her to serve on the HDS on behalf of the Office of Women's Health (OWH). Dr. Grodstein added that it was a privilege to join the committee, and expressed her excitement about having the opportunity to examine issues from a broader and higher-level perspective. Her entire career for the last 30 plus years has been devoted to women's health, disease prevention, and identifying ways to keep women healthy. Her research has particularly examined healthy aging among women, as well as a broad span of epidemiologic research among women.
- ❑ Dr. Michael McKee is an Assistant Professor in the Department of Family Medicine at the University of Michigan. He is Board-Certified in Family Medicine (FM). As an FM physician with a bilateral profound sensorineural hearing loss (SNHL), he has witnessed the impact of inaccessible healthcare, inadequate health literacy, poor health communications, and ongoing health inequities in deaf and hard of hearing populations. OMHHE welcomes Dr. McKee on behalf of his focus on persons with disabilities (PWD) and overcoming health disparities and health inequities that disproportionately impact that population. Dr. McKee added that he looks forward to working with the HDS and participating and helping in any way he can. He noted that the University of Michigan is passionate about trying to figure out ways to implement interventions to improve healthcare communications and healthcare services for a variety of individuals with disabilities. He also works with people with mobility, intellectual, and developmental disabilities.

- ❑ Dr. Amanda Navarro is Senior Director of PolicyLink where she oversees and leads the efforts of the national Convergence Partnership. She provides strategic guidance to government agencies and philanthropy, and trains diverse leaders and constituencies across the country on a range of strategies to advance racial and economic equity. She brings deep expertise in collaborative efforts to advance equitable policy and practice change, and is a frequent keynote speaker on equity-focused policy and organizational strategy. Dr. Navarro also brings the distinction of having worked at CDC for a few years. She puts her experience with CDC and her other leadership talents to work at PolicyLink, and will carry forward CDC's longstanding relationship with PolicyLink on the HDS. Adding that she is truly honored to have the opportunity to contribute, Dr. Navarro expressed her excitement and gratitude for the invitation to be part of the HDS. After leaving CDC, she has been at PolicyLink for the last nine years where she has been overseeing a portfolio of PolicyLink's work that focuses on the intersection of health, race, and place. PolicyLink is a national research and action institute. Its mission is advancing racial and economic equity, which very much aligns with the vision and purpose of the HDS and the work at CDC.
- ❑ Dr. Joneigh Khaldun is Director and Health Officer at the Detroit Health Department of the City of Detroit. In that role, she is responsible for the health of over 680,000 people. She is a Board-Certified practicing Emergency Physician and Public Health Leader, who was appointed in February 2017 by Mayor Mike Duggan to lead Detroit's efforts to build a sustainable public health system by focusing on neighborhood-based solutions, pathways of social determinants of health (SDOH), and leading comprehensive strategies that align partners around shared goals and metrics. Dr. Khaldun added that it is an honor to serve with other HDS members, who are her heroes. Her background has focused on the intersection between policy, public health, and clinical medicine. Even though she is an Emergency Department (ED) doctor, she was engaged in the public health world. She spent some time in the White House Office of Health Reform (OHR) when the Affordable Care Act (ACA) was passed. She earned her Master's of Public Health (MPH) from George Washington University (GW) School of Public Health and Health Services (SPHHS). She also served as Chief Medical Officer of the Baltimore City Health Department.
- ❑ Dr. Marissa Levine was appointed Virginia State Health Commissioner by Governor Terry McAuliffe in March 2014. Dr. Levine previously held the position of Chief Deputy Commissioner for Public Health and Preparedness and Deputy Commissioner for Public Health and Preparedness since February 2009. Prior to her appointment at the state level, she directed local health departments in two districts within Virginia since 2002. Dr. Levine is an Association of State and Territorial Health Officials (ASTHO) past President. She is the ASTHO Representative for Region III, and is representing ASTHO on the HDS. Dr. Levine added that she transitioned out of her Health Commissioner and ASTHO roles and will be joining the faculty at the University of South Florida in the College of Public Health to continue her work on health equity. She said she would understand if OMHHE needed to go back to ASTHO for a new representative, but that she would like to remain on the subcommittee if possible as most of her work as Commissioner was through a health equity lens. She thought they laid some good groundwork and have some good feedback for CDC.

- ❑ Dr. Sherman James is the Susan B. King Professor Emeritus of Public Policy at Duke University, Professor Emeritus in the Sanford School of Public Policy, and a core member of the Center for Biobehavioral Health Disparities Research. He has had a distinguished career at Duke University, as well as Emory University, University of Michigan, and University of North Carolina-Chapel Hill. He brought to the public the John Henryism Hypothesis, which posits that “repetitive high-effort coping with social and economic adversity is a major contributor to the well-known excess risk among poor and working class African Americans for hypertension and related cardiovascular diseases.” While Dr. James was unable to attend this meeting, Dr. Liburd expressed her hope that he would be available for the next HDS meeting.

Dr. Liburd indicated that OMHHE would plan a more structured orientation for the new members to help them better understand the mission and purpose of the HDS and how it interacts with the ACD. She noted that in addition to chairing the HDS, Dr. Richardson serves on the ACD. HDS member Dr. Wilma Wooten also serves on the ACD.

## OMHHE Updates

Dr. Liburd explained that an update is provided on OMHHE’s activities and accomplishments during each of the HDS meetings. OMHHE derives its priorities from what is needed to achieve the vision of “a world where all people have the opportunity to attain the best health possible.” The office believes that in order to chart a course toward achieving health equity, it is imperative to bring together multiple perspectives, such as intersectionality, complex community dynamics that tend toward health disparities, interdisciplinary approaches, and operating principles that support those who are “on the ground” engaged in public health work every day:



For the benefit of new members, Dr. Liburd shared OMHHE’s priorities, which are to:

- ❑ Focus on solutions for reducing health disparities, improving women’s health, and ensuring a diverse and inclusive public health workforce;
- ❑ Facilitate the implementation of policies and strategies across CDC that promote the elimination of health disparities in communities of highest risk;
- ❑ Advance the science and practice of health equity; and
- ❑ Collaborate with national and global partners to promote the reduction of health inequalities.

For approximately the last four years, OMHHE has been organizing its work around these priorities and the HDS recommendations provided throughout the years. More in-depth information will be provided about these priorities and the HDS recommendations during the new member orientation process.

When Dr. Liburd came to the Office of the Director in January 2011, the office was known as OMHHE and had a focus on minority health and health equity. At the end of 2013, CDC's Office of Women's Health (OWH) and the agency's Diversity and Inclusion Management Program were added to OMHHE's portfolio. Overcoming gender disparities and improving workforce diversity are consistent with the goals of achieving health equity.

OMHHE continues to be engaged in the work of the second priority. The initial focus was on ensuring that the Funding Opportunity Announcement (FOA) structure – what is now referred to as Notice of Funding Opportunity (NOFO), included a focus on health disparities, Social Determinants of Health (SDOH), and health equity. Another strategy OMHHE has launched to support this work is the Health Equity Leadership Network, which is another way OMHHE is working to integrate health equity within and across CDC programs.

In terms of the third priority, OMHHE advances the science and practice of health equity with particular attention to governmental departments of public health. OMHHE has published a number of reports and implemented a number of strategies toward this end.

Regarding the fourth priority of collaboration with national and global partners, OMHHE has been working with the Pan American Health Organization (PAHO) for several years, and is currently developing a new relationship with the Division of Equity, Gender, and Human Rights in the World Health Organization (WHO). OMHHE's national partners include ASTHO, National Association of County and City Health Officials (NACCHO), and other national public health organizations. This includes national organizations represented by the HDS members.

This year marks the 30<sup>th</sup> anniversary of CDC's OMHHE. The theme is "Mission: Possible" as OMHHE believes Healthy Lives for Everyone is possible in the United States (US):



The report that anchors OMHHE and all of the other Offices of Minority Health (OMH) across DHHS is the 1985 [Report of the Secretary's Task Force on Black & Minority Health](#). In 1986 in response to this report, HHS established the first OMH. In 1988, CDC was the first operating division to create an OMH. CDC's OMH was created at the direction of the CDC Director at that time, Dr. James Mason. In 2010, as part of the passage of the ACA, there was a provision that legislated into existence CDC's OMH and that of five other federal agencies. The ACA also elevated what was formerly the National Center on Minority Health and Health Disparities (NCMHD) at the National Institutes of Health (NIH) to what is now the National Institute on Minority Health and Health Disparities (NIMHD). Dr. Liburd expressed her excitement that this office continues to thrive, collaborate, and push forward the agenda to improve minority health and pursue health equity.

Dr. Liburd shared information on a few anniversary activities in which OMHHE is engaged this year. The 30<sup>th</sup> anniversary was launched in January 2018. The [Conversations in Equity](#) blog, which is available to everyone, was launched in 2013 and now has over 42,000 subscribers. This year, for each health month theme, a national center where that particular health issue is addressed, is being invited by OMHHE to write a blog from the standpoint of health equity. For February, which was Heart Month, there is a [blog](#) from Drs. Ursula Bauer and Betsy Thompson from CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). For March, there is a Woman's Health Month [blog](#) written by Dr. Pattie Tucker, the Director of the OWH. In April, there is a [blog](#) about National Sexually Transmitted Diseases (STD) Awareness Month and National Minority Health Month written by Jo Valentine, who is the Associate Director for Health Equity in the Division of STD Prevention (DSTDP). For May, there is a [blog](#) from the Office on Smoking and Health written by Dr. Corinne Graffunder. One of the things Dr. Liburd finds particularly insightful about the blogs is that is how the national centers are interpreting and operationalizing health equity. The plan is to perform an analysis at the end of the year, and even with a few blogs they anticipate gaining some insight into how centers are taking steps to integrate health equity into their work and narrative in terms of how they talk about their programs.

For the last four years, OMHHE has been collaborating with Tuskegee University to cohost a Public Health Ethics Forum. This year's forum is "2018 Public Health Ethics Forum: Minority Elders and Healthy Aging." While this forum has typically been convened in April, this year it will be on September 14, 2018 as September is Healthy Aging Month. This forum will be available virtually. "Save the Date" and other announcements about the forum will be disseminated. These forums have become increasingly popular. OMHHE is very proud of this relationship with Tuskegee University and the opportunity to cohost these forums. The HDS members can expect to receive OMHHE's [Health Equity Matters](#) newsletter anniversary edition. When this publication began, it was intended to be an internal communication to share activities and accomplishments occurring in health equity across CDC. This publication has now become another more widely dispersed communication tool that now has over 40,000 subscribers. The publication highlights not only what is occurring throughout CDC, but also local initiatives and activities throughout DHHS. This newsletter is published on a quarterly basis and OMHHE believes it has been a very good tool to get the word out about how CDC is engaging health equity.

There also is a [timeline](#), which is very insightful in terms of capturing significant historical events. The timeline begins with 1915 and National Negro Health Week, and it could go back even further to *The Philadelphia Negro: A Social Study* written by W.E.B. Du Bois. Numerous historical events and documents have already been captured in this timeline that bring us to the current time and highlights the work in which OMHHE and the nation have been engaged to address minority health and health disparities.

Another anniversary activity is the special keynote address by Dr. Valerie Montgomery-Rice, President of Morehouse School of Medicine (MSM). MSM is one of possibly a few medical schools where creating health equity is in their mission statement. Dr. Montgomery-Rice will be on the CDC campus October 30, 2018 to speak about the importance of pursuing and achieving health equity.

Dr. Liburd noted that an event planned for later in the day on May 23, 2018 would highlight the work that Dr. Levine led when she was the Virginia State Health Commissioner. OMHHE is co-sponsoring this webinar, titled “In Health Matters, Place Matters—The Health Opportunity Index (HOI) Training,” with the ASTHO Center for Population Health Strategies (CPHS/The Center). This webinar is part of the *Tools to Advance Health Equity Webinar Series*, which is supported by their HHS OMH colleagues. As of the previous week, the number of participants had reached capacity at over 250 registrants. OMHHE is excited to be a part of this webinar.

OMHHE launched the first CDC Health Equity Leadership Network in March 2018. OMHHE has been working on this for a number of months and is very excited to see it come to fruition. She is also excited about their continued leadership role in the Healthy People (HP) 2020 & 2030 SDOH topic area. They began with HP2020 standing up the first SDOH topic area in the 40-year history of HP. They are very excited that this topic area will continue in the 2030 iteration of HP. OMHHE continues to collaborate with its colleagues in the Office of the Associate Director for Policy's (OADP) and the Center for State, Tribal, Local and Territorial Support (proposed; CSTLTS) to maintain, update, and continue to expand CDC's SDOH website.

## Discussion Points

Dr. Graham inquired as to whether OMHHE had faced any particular challenges in terms of the transition and in general.

Dr. Liburd replied that OMHHE continues to pursue its priorities and the HDS recommendations. While some cuts to CDC programs were anticipated, the agency's work has not been disrupted. In addition, OMHHE was able to add a new CUPS grantee this year - UCLA. There is a reorganization proposed that will impact some Offices in the CDC OD including OMHHE, but the reorganization is not anticipated to change OMHHE's scope, mission, or the work it is currently pursuing. Like other national centers, institutes and offices at CDC, they always have a need for additional staff and resources. However, Dr. Liburd believes that OMHHE is in a good place as the agency moves through the transition and has new leadership.

Ms. Wilson congratulated Dr. Liburd and her team for the excellent work that they continue to do. She asked whether “In Health Matters, Place Matters—The Health Opportunity Index (HOI) Training” webinar planned for the afternoon would be recorded for others to have access.

Dr. Liburd expressed her hope that it would be recorded and indicated that she would confirm this and let the members know.

Dr. Richardson expressed appreciation for the work that Dr. Liburd and her office do. She asked whether it would be possible for Dr. Liburd to offer them a brief update on the “bigger picture” at CDC in terms of the sequence of events since the HDS meeting in November and where they stand. More specifically, she wondered about the position of the new Director and how he will execute his role and the status of the ACD as there have been no meetings since Dr. Frieden left CDC. While the HDS has

continued to meet as a subcommittee, it was not clear to her as an ACD member where things stood. She requested that Dr. Liburd share what she could about what is occurring with that process.

Dr. Liburd replied that in terms of the ACD, she had not heard any specific updates about when it will reconvene. Dr. Redfield is still in the midst of his own transition since his appointment in terms of his orientation to the agency and the breadth of all that goes on at CDC. He is onsite and working, and everyone seems excited about his leadership. They hoped to have someone from the OD present an update to the HDS, but they were not able to do so given travel schedules and other competing commitments. Dr. Richardson expressed disappointment about such an update not being included on the agenda.

## Overview: Health Equity Leadership Network

Melanie Duckworth PhD, MA, MSW (Senior Advisor, Office of Minority Health and Health Equity, CDC/ATSDR) expressed her gratitude to the new members for responding to the many emails sent to them prior to the meeting. She shared information regarding the HELN in terms of background, CIO representatives, purposes, objectives, launch on March 27<sup>th</sup>, and highlights from a survey sent to the participants shortly after the meeting. The HELN was created to give greater visibility to health equity activities throughout CDC. When Dr. Duckworth thinks about the HELN, words like “creativity, synergy, and journey” come to mind. The word “journey” is very important because this was not created in a vacuum.

There was first the CDC/ATSDR Minority Initiative Coordinating Committee (CAMICC), which was established by the CDC OD. The purpose of the CAMICC was to promote and enhance diversity at CDC and ATSDR by assisting in the development and implementation of various CDC programs. There was then the creation of a Health Equity Workgroup (HEW), which focused on the HDS’s recommendations. This group also allowed OMHHE to better understand the expertise CDC had in this area. During the same timeframe, OMHHE had a team who participated in a CDC Leadership Institute during which each team created a project. The project created by the OMHHE team was titled “The CDC Science: Paving the Way for Health Equity.” Some great recommendations were provided through this process, some of which will be incorporated into the work of the HELN, particularly regarding training and mentoring young scientists.

Next came the HELN, which was unique because the leadership provided support. The OD sent an invitation to the CIOs to submit recommendations. The nominees were recommended by their directors. Some of the CIOs had a selection process through which several individuals submitted their names and were selected based on this. The HELN currently has 25 members who are from 14 of the CIOs. The primary purpose of the HELN is to advance the science and practice of health equity, promote a sustained focus on reducing health disparities, and exchange of best practices between CDC programs. There is a desire to create synergy among CDC staff in leadership roles whose main responsibility involves managing and coordinating health equity activities. The objectives are to:

- ☐ Increase collaboration between health equity leads to integrate health equity in key strategic, measurement, and programmatic priorities of the CIOs;
- ☐ Provide a forum for the exchange of innovative public health strategies, evaluation methods, and reports from the field that promote health equity;
- ☐ Enhance professional skills in health equity data and measurement, principles, competencies, and promising practices; and

☐ Explore lessons learned from global health that can inform health equity practice in the US.

A survey was sent to participants shortly after the meeting, with 19 responses received. Topics of interest included evaluation, challenges, and incorporating health equity into routine CDC projects and research. Specific areas of interest included women's health, disabilities, vulnerable populations, and social justice.

In conclusion, Dr. Duckworth invited questions pertaining to the HELN and feedback regarding how the HDS can assist the HELN in accomplishing its goals and how the HELN can be used to advance CDC activities.

## Discussion Points

Dr. Levine asked what critical gaps were identified through this project. She wondered how the access, resources, and skills identified at CDC compared to where CDC needs to be with respect to health equity and disparities.

Dr. Liburd replied that CDC is categorically organized by specific diseases and risk factors. There is a strong biomedical orientation in how CDC promotes and protects the nation's health. Discussions about SDOH and health equity fall outside of the biomedical model. While the agency has a longstanding history addressing health disparities, attention to the social determinants and health equity are more recent. Thus, OMHHE has been trying to expand how the agency does its work by promoting opportunities to pursue health equity as a means to accelerate the agency's impact in achieving its mission. In terms of critical gaps, there are opportunities at CDC to be much more intentional about pursuing health equity across all four elements of the OMHHE Health Equity Framework for Action: Measurement, Essential Program Elements, Policy, and Infrastructure. They are in the process of developing a course for supervisors on health equity so that they can better understand what health equity includes. OMHHE continues to try to increase leadership support and engagement around health equity in particular and in terms of "health in all policies" at CDC and with external partners as well. Such efforts are underway throughout the country and OMHHE is trying to ensure that the work at CDC aligns in important ways with the larger health equity movement. CDC has critical gaps in data and measurement, how programs are structured, opportunities for policies that incorporate health equity in a more intentional manner, and in terms of the infrastructure, e.g., whether CDC has the skills and resources within the agency to effectively integrate health equity in its public health programs and research.

Dr. Levine pointed out that this was really about culture change. From a leadership point of view, this involves re-evaluating the recruitment process to ensure that people are brought in who have these types of skills to help facilitate that intentionality.

Dr. Liburd agreed, recognizing this as an opportunity to strengthen CDC's health equity infrastructure. The people involved in the HELN are engaged in this work already, such as epidemiologists, social and behavioral scientists, and public health educators, advisors, and analysts. A marker of success in changing the organizational culture is when there is greater recognition of the value these scientists and practitioners play in reducing health disparities and promoting health equity. OMHHE is aware that this is a major charge that will take time. They also requested that the people nominated to serve on the HELN have access to and influence with the leadership, so they are hopeful that this will help to accelerate health equity goals and objectives.

Dr. Liburd indicated that she wanted to propose to the HELN two efforts to pursue during the first year: 1) Submit a proposal for a Health Equity Grand Rounds, which has never been done at CDC and involves a rigorous process for approval; and 2) Encourage each CIO to identify an objective or other indicator of health equity that they will commit to pursue and monitor.

Dr. Wooten said that as she understood it, the HELN is an internally-focused effort directed toward the CDC workforce to increase their capacity in terms of health equity. Given that, she wondered whether there is a plan to implement at least baseline training for all CDC staff as it relates to health equity.

Dr. Liburd responded that this is something OMHHE can pursue. Every year for the last six years, *The State of Health Equity at CDC Forum* has been convened at CDC. These typically concentrate on particular focus areas. The next forum will be convened in Fall 2018. In terms of training, the goal is to be targeted and strategic for people who are making decisions in the short-term about NOFOs and the content of CDC programs. A Health Equity Grand Rounds would be considered CDC-wide training.

Dr. Duckworth added that feedback received from the CIOs interested in supervisor training is that they may be interested in more generic training, which would be a second phase. They heard from the members of the HELN that many CIOs have subcommittees that are also focused on health equity. OMHHE is looking forward to hearing more about the work those subcommittees are doing and sharing that information across CDC as lessons learned.

Dr. Garza asked what the HDS could do to help the HELN.

Dr. Duckworth replied that sharing of information would be very helpful. Given that the HDS members are the “eyes and ears” of what is occurring in the field, sharing any articles or events that may be of interest to the HELN members would be very good. Another item of interest among the survey results was presentations from outsiders, so suggestions for presenters also would be welcomed.

Dr. Liburd added that the HDS can continuously take the opportunity to reinforce accountability in terms of OMHHE being true to its mission, as well as CDC’s embrace of these concepts as being necessary for the entire agency to achieve its mission.

## Open Discussion

Dr. Richardson indicated that they could spend the remainder of the call engaging in open discussion. She thought it might be useful, especially for members who have already spent time on the subcommittee, to lay out what they think the HDS’s priorities should be for the coming year or two.

## Discussion Points

Ms. Wilson inquired as to whether the Sexual Orientation and Gender Module in the Behavioral Risk Factor Surveillance System (BRFSS) that is currently optional for states will be renewed beginning in 2019.

Dr. Liburd indicated that they have an official response to that question from NCCDPHP, which is where the BRFSS is housed. The Sexual Orientation and Gender Module is an approved module that is optionally implemented by states. The entire BRFSS is in the process of being finalized, and the official statement from NCCDPHP is that this module will be available. She will share the official response with the HDS members.

Dr. Wooten thought it might be useful to the new members and as a reminder to existing members to hear the recommendations made to the ACD over the past two years.

Dr. Richardson agreed, observing that the new member orientation is likely to include a more detailed description of some of the past activities of the HDS. Previous HDS meetings have included an update on the progress of implementing the recommendations proposed by the HDS and approved by the full ACD and accepted by Dr. Frieden, the CDC Director at the time. Given the multiple transitions in leadership, it has been difficult to determine the status of implementing the approved recommendations. However, she anticipates that they will resume tracking this in future meetings. To offer some background to new members, Dr. Richardson reported that much of what the HDS has been doing is monitoring the progress on those and actively work with CDC staff to troubleshoot issues that arise as they attempt to make progress on these recommendations. During the annual in-person HDS meeting, the agenda typically includes a report from a center director, who is given a specific set of questions pertaining to disparities and health equity to help the HDS understand how they are operationalizing the issues the HDS is focused on within their programs, FOAs, workforce development, et cetera. This became the framework for the HDS's work, but they are not limited to that. They also have commented on various initiatives, particularly when there is an opportunity for public comment during which the HDS can weigh in. Ideas are welcomed on how the HDS can be most effective in supporting the agency in fulfilling the vision Dr. Liburd articulated during her update regarding health equity. She invited members to offer suggestions so that a more robust agenda can be formulated for the next HDS meeting.

Dr. Liburd added that she did not believe there had been any significant advances since the last HDS meeting. In terms of issues regarding data disaggregation, OMHHE continues its involvement with the Center for Surveillance, Epidemiology and Laboratory Services (CSELS). A workgroup has been established to examine data across the board in terms of CDC's surveillance systems, efficiency, and cost. Therefore, some of OMHHE's data work has been caught up in some of this larger effort.

Dr. Duckworth indicated that she had emailed the HDS recommendations to the members. These are also appended to this document as Attachment #3.

Dr. Wooten emphasized that health equity is a very important aspect of accreditation and re-accreditation; therefore, it would be beneficial for the HDS to align its efforts with this in mind.

Dr. Richardson acknowledged that this suggestion had arisen in the past, particularly with regard to the workforce recommendation. She agreed that the HDS should be synergistic and collaborative.

Dr. Liburd stressed that OMHHE always appreciates it when the HDS and others share with the agency why it needs to maintain, elevate, and expand its focus on minority health, health equity, women's health, and diversity and inclusion.

Upon reviewing the recommendations, Dr. Garza observed that progress had been made in a number of the areas.

Dr. Liburd replied that before each HDS meeting, they typically request an update from the staff who have leadership responsibility for the recommendations. For example, regarding the recommendation pertaining to health equity indicators, OMHHE has been working with the National Collaborative for

Health Equity (NCHE). The NCHE was funded by the Robert Wood Johnson Foundation (RWJF) to assemble experts from throughout the county to develop a list of indicators. Given that NCHE had a structure already established, OMHHE decided to collaborate with them, and they have been pursuing this strategy since that time. Dr. Liburd's understanding is that those indicators have been determined and are now under review by RWJF, which plans a public release of the indicators during the summer. Once the indicators have been released, OMHHE will select the indicators it believes CDC should monitor and will make a recommendation that the agency should begin to monitor those. This effort has not progressed much since the November 2017 HDS meeting, given that it is now being reviewed by RWJF and no specific details are known beyond that.

## Closing Remarks / Adjourn

In conclusion, Dr. Liburd indicated that OMHHE will send out a calendar invite once all HDS members are on board to identify dates for new member orientation. She anticipated that orientation would take about 1.5 hours at the most. She also will let the members know if the "In Health Matters, Place Matters—The Health Opportunity Index (HOI) Training" webinar would be recorded.

## Public Comment

Dr. Liburd opened the public comment period at 12:30 PM and invited members of the public to make a statement or raise a question. With no questions or comments presented from the public, the public comment period was closed at 12:50 PM. Dr. Liburd officially adjourned the meeting at 12:56 pm.

## Certification

I hereby certify that, to the best of my knowledge and ability, the foregoing minutes of the May 23, 2018 meeting of the Health Disparities Subcommittee of the Advisory Committee to the Director, CDC are accurate and complete.

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Date

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Lynne D. Richardson, MD, FACEP  
Chair, Health Disparities Subcommittee, Advisory Committee to  
the Director, CDC

## Attachment #1: Meeting Attendance

### **HDS Members Present**

**RICHARDSON, Lynne D., MD, FACEP (HDS Chair, ACD Representative)**

Professor and Vice Chair of Emergency Medicine  
Professor of Health Evidence and Policy  
Population Health Science & Policy  
Icahn School of Medicine at Mount Sinai  
New York, New York

**GARZA, Mary A., MD, MPH**

Assistant Professor and Associate  
Director for the Maryland Center for Health Equity  
University of Maryland, School of Public Health  
Department of Behavioral and Community Health  
College Park, Maryland

**GRAHAM, Garth, MD, MPH**

President, Aetna Foundation  
Hartford, Connecticut

**GRODSTEIN, Francine, SC.D**

Brigham and Women's Hospital  
Channing Division of Network Medicine  
Boston, Massachusetts

**KHALDUN, Joneigh S. MD, MPH, FACP**

Director and Health Officer  
Detroit Health Department, City of Detroit  
Staff Physician, Department of Emergency Medicine  
Henry Ford Health System

**LEVINE, Marissa J. MD, MPH**

Commissioner of Health  
Richmond, Virginia

**MCKEE, Michael, M., MD, MPH**

Assistant Professor - Department of Family Medicine  
University of Michigan Health System  
Ann Arbor, Michigan

**NAVARRO, Amanda, PhD**

PolicyLink  
New York, New York

**WILSON, Cheri C., MA, MHS, CPHQ**

Health Equity Subject Matter Expert  
Abingdon, Maryland

**WOOTEN, Wilma J., MD, MPH**

Public Health Officer, County of San Diego  
Health and Human Services Agency  
Public Health Services, Health Services Complex

**HDS Members Absent**

**HASBROUCK, LaMar MD, MPH**

Senior Advisor,  
American Medical Association  
Chicago, Illinois

**LICHTVELD, Maureen Y., MD, MPH**

Professor and Chair Freeport McMoRan  
Chair of Environmental Policy  
Department of Global Environmental Health Sciences  
Tulane University School of Public Health and Tropical Medicine

**JAMES, Sherman, PhD**

Susan B. King Professor Emeritus  
Duke University

**WARNE, Donald K. MD, MPH**

Associate Professor and Chair  
Department of Public Health  
College of Health Professionals  
North Dakota State University

**CDC Staff Present**

**LIBURD, Leandris, PhD, MPH, MA (HDS DFO)**

Director for Minority Health and Health Equity  
Office of Minority Health & Health Equity  
Centers for Disease Control and Prevention  
Agency for Toxic Substances and Disease Registry

**DUCKWORTH, Melanie, PhD, MA**

Senior Advisor for Office of Minority Health and Health Equity  
Centers for Disease Control and Prevention  
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**Others Present**

**Geoffrey Wallace**

Medical & Scientific Writer/Editor

Cambridge Communications & Training Institute

**Stephanie Henry Wallace, MS, PhD**

Medical & Scientific Writer/Editor

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## Attachment #2: Acronyms Used in this Document

Acronym	Expansion
ACA	(Patient Protection and) Affordable Care Act
ACD	Advisory Committee to the Director
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
BRFSS	Behavioral Risk Factor Surveillance System
BWH	Brigham and Women's Hospital
CAMICC	CDC/ATSDR Minority Initiative Coordinating Committee
CDC	Centers for Disease Control and Prevention
CIOs	Centers, Institutes, and Offices
CPHS/The Center	Center for Population Health Strategies
CSELS	Center for Surveillance, Epidemiology and Laboratory Services
CSTLTS	Center for State, Tribal, Local and Territorial Support (proposed)
DFO	Designated Federal Officer
DSTDP	Division of Sexually Transmitted Disease Prevention
HDS	Health Disparities Subcommittee
HELN	Health Equity Leadership Network
HEW	Health Equity Workgroup
HHS	(United States Department of) Health and Human Services
HMS	Harvard Medical School
HOI	Health Opportunity Index
HSPH	Harvard School of Public Health
MSM	Morehouse School of Medicine
NACCHO	National Association of County and City Health Officials
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCHE	National Collaborative for Health Equity
NCMHD	National Center on Minority Health and Health Disparities
NHS	Nurses' Health Study
NIH	National Institutes of Health
NIMHD	National Institute on Minority Health and Health Disparity
OADP	Office of the Associate Director for Policy
OD	Office of the Director
OMH	Office of Minority Health
OMHHE	Office of Minority Health and Health Equity
OSH	Office on Smoking and Health
OWH	Office of Women's Health
PAHO	Pan American Health Organization
RWJF	Robert Wood Johnson Foundation
SDOH	Social Determinants of Health
SNHL	Sensorineural Hearing Loss
STD	Sexually Transmitted Diseases
US	United States
WHO	World Health Organization

## Attachment #3: HDS Recommendations

- ☐ Develop a CDC framework for action to achieve health equity.
- ☐ Identify and monitor indicators of health equity.
- ☐ Align universal interventions that promote better public health, with more targeted, culturally tailored interventions in communities at highest risk to reduce health disparities and achieve health equity.
- ☐ Support the rigorous evaluation of both universal and targeted interventions and, where indicated, the use of culturally appropriate evaluation strategies, to establish best practice approaches to reduce health disparities and achieve health equity.
- ☐ Build community capacity to implement, evaluate, and sustain programs and policies that promote health equity, especially in communities at highest risk.
- ☐ Support training and professional development of the public health workforce to address health equity.
- ☐ All CIOs should support adherence to the health disparities and health equity requirements in the FOA template; establish weights for the HE/HD requirements in the objective review process; and monitor HE/HD activities among selected grantees.
- ☐ For current and planned CDC public health surveys, surveillance systems, and datasets (including e-case report forms): Review current and planned data collection instruments to assure they are consistent with best practices for asking about language preference and proficiency; and that translate surveys are culturally & linguistically appropriate. When presenting or publishing data, report on Racial and Ethnic groups with the highest level of granularity available in the dataset, disaggregating groups with highly varying health indicators, such as Asians and Pacific Islanders.